DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16391

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 4415

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution St. Mary's Inf. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1004 N. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME NOLA B. HALLIE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FE.
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 10 (Day) 1882 (Year)

8. AGE: Years 62 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Collierville Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Hair Dresser
11. Industry or business own business

FATHER
12. Name J. G. Bell
13. Birthplace Williamson S.C.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Gray
15. Birthplace Brunswick Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carrie Edgerton
(b) Address 225 Alford St. 6
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Collierville Tenn.
18. (a) Signature of funeral director G. W. Bruce
(b) Address 1003 N. Garrison
19. (a) MAY 12 1944 (Date received local registrar) (b) J. F. Busick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from 2-1-44, 19, to 5-10, 1944
that I last saw her alive on 5-11, 1944
and that death occurred on the date and hour stated above.

		Duration
Immediate cause of death	Cancer Lt. Ovary	3 mo
Due to		
Due to	unknown	
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations	Cancer left ovary - ascites	
Of autopsy	None	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? Means of injury

23. Signature Henry A. Knighton (M. D. or other)
Address 2328 Pine Cen Date signed 5-44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Charles Yarnell

Licensed Embalmer No. 3371

P. O. Address St James Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.